PART B - FEE(S) TRANSMITTAL

Implete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(571) 273-2885 or Fax

NSTRUCTIONS; \$5's form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where the parties of the current correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance-lee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

20152

MAR 0 1 2006

7590

11/23/2005

TOD R NISSLE PO BOX 55630 PHOENIX, AZ 85078 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

2 Prositor's name E. Reg. No. (Signature (Date 2006 CONFIRMATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO.

03/02/2006 TBESHAH2 00000011 10797766

01 FC:2501 02 FC:1504 PORTHIED MAIL 7005 1160 0001 4478 2246

300.00 OP

30.00 OPRETURN RECEIPT REQUESTED

03 FC:A001 APPLICATION NO. 10/797,766

FILING DATE 03/10/2004

Timothy M. Crawley

1072-P-7

4148

TITLE OF INVENTION: METHOD AND APPARATUS FOR REPLACING GRIPPING MEMBER ON WIRE BUCKET HANDLE

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|--|--|-----------------------|---|--|--------------------------------|--|
| nonprovisional | 'YES | \$700 | | \$300 | \$1000 | 02/23/2006 |
| EXAMINER | | ART UNIT | | CLASS-SUBCLASS |] | |
| COZART, JERMIE E | | 3726 | | 029-453000 | • | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON PLEASE NOTE: Unless an assignee is identified below, no assignee. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) adata will appear on the patent. If an assignee is identified below, the document has been filed for Ta substitute for filing an assignment. | | | |
| | e assignee category or catego | ries (will not be pri | inted on the p | | orporation or other private gr | oup entity Government |
| 4a. The following fee(s) are | enclosed: | 4b | Payment of | • • | | |
| Issue Fee | 022.5700 00. Cl. No. 200 | 24 \$300 00 | _ | in the amount of the fee(s) is en | | · |
| A Publication Rectal 40 | f Copies | | The Din | by credit card. Form PTO-203 ector is hereby authorized by count Number | harge the required fee(s), or | credit any overpayment, to copy of this form). |
| a. Applicant claims S | (from status indicated above MALL ENTITY status. See is requested to apply the Iss jublication Fee (if required) ords of the United States Pat | 37 CFR 1.27. | | cant is no longer claiming SMA ny) or to re-apply any previous e other than the applicant; a reg | | |
| Authorized Signature Typed or printed name _ | TOB R | Nissk | | Date Registration | 7eb 231 | 06 41 |

This collection of information. The information is required to obtain or retain a benefit by the public which is a process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CERTIFIED MAIL -- RETURN RECEIPT REQUESTED MAIL CERTIFICATION ACCOMPANYING PAPER AND/OR FEE

UNDER 37 CFR 1.8

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TOD R. NISSLE, P.C.

Tod R. Nissle, Reg. No. 29,241 Customer No. 20152

| Application of: TIMOTHY M. CRAWLEY | Date: February 23, 2005 |
|---|------------------------------|
| Serial No.: 10/797,766 | Group Art Unit: 3726 |
| Filed: March 10, 2004 | Examiner: J. Cozart |
| For: METHOD AND APPARATUS FOR REPLACING GRIPPING MEMBER | Attorney Docket No. 1072-P-7 |

Box Issue Fee/Drawings

Assistant Commissioner of Patents PO Box 1450 Alexandria, VA 22313-1450

"CERTIFIED MAIL" number: <u>7005 1160 0001 4478 2246</u>

Date of Deposit: <u>02/23/06</u>

I hereby certify that the attached

Transmittal of Issue Fee Due; Issue Fee Transmittal; Issue Fee Check No. 28023; Publication Fee Check No. 28024; Add'l. Copies Check No. 28025; Seven Sheets of Formal Drawings [Figs. 1-15]; and return Postcard are being deposited with the United States Postal Service as "CERTIFIED MAIL -- RETURN RECEIPT REQUESTED" service under 37 CFR 1.10 on the date indicated above and is addressed to "Box Issue Fees", Commissioner for Patents, PO Box 1450, Alexandria, VA. 22313-1450".

TOD R. NISSLE, Reg. No. 29,241 Date

02/23/06



Alexandria, VA

TOD R. NISSLE, Reg. No. 29,241

28

220 N3-1450 on February 23, 2006.

02/23/06

DATE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TIMOTHY M. CRAWLEY APPLICANT: 4 Ex. J. Cozart 10/797,766 SERIAL NO.: 5 FILED March 10, 2004 Group 3726 6 METHOD AND APPARATUS FOR FOR REPLACING GRIPPING MEMBER 7 ON WIRE BUCKET HANDLE 8 TRANSMITTAL OF ISSUE FEE DUE 9 **BOX ISSUE FEES/DRAWINGS** 10 COMMISSIONER OF PATENTS PO Box 1450 11 Alexandria, VA. 22313-1450 12 Dear Sir: 13 Attached is the 'Issue Fee Due' transmittal form in the above-identified 14 application. 15 Also attached is Check No. 27823 in the amount of the Issue Fee 16 (\$700.00), and Check No. 27824 in the amount of the Publication Fee (\$300.00) 17 and Check No. 27825 in the amount of the 10 additional order copies (\$30.00). 18 Respectfully automitted, 19 TOD R. NISSLE, Reg. No. 29.241 20 TOD R. NISSLE, P.C. Customer # 20152 21 P.O. Box 55630 Phoenix, Arizona 85078 22 Tel: (602) 494-8700; Fax: (602) 494-8707 Email: nissle@nissle.com 23 Attorney for Applicant Attorney's Docket No.: 1072-P-7 24 I hereby certify that this correspondence is being 25 deposited with the United States Postal Service as CERTIFIED MAIL NO. 7005 1160 0001 4478 2246 26 RETURN RECEIPT REQUESTED in an envelope addressed to: Box Issue Fees, 27 COMMISSIONER OF PATENTS, PO Box 1450